

## LME Alternative Service Request for Use of DMHDDSAS State Funds

### For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

**Note:** Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at [Wanda.Mitchell@ncmail.net](mailto:Wanda.Mitchell@ncmail.net), and to Spencer Clark, Chief's Office, Community Policy Management Section, at [Spencer.Clark@ncmail.net](mailto:Spencer.Clark@ncmail.net). Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at [Brenda.G.Davis@ncmail.net](mailto:Brenda.G.Davis@ncmail.net) or (919) 733-4670, or to Spencer Clark at [Spencer.Clark@ncmail.net](mailto:Spencer.Clark@ncmail.net) or (919) 733-4670.

<b>a. Name of LME Pathways LME</b>		<b>b. Date Submitted</b>  3-19-10
<b>c. Name of Proposed LME Alternative Service</b>  Crisis Evaluation and Observation – YA369		
<b>d. Type of Funds and Effective Date(s):</b> <i>(Check All that Apply)</i>  <input type="checkbox"/> State Funds: Effective 7-01-07 to 6-30-08    X <input checked="" type="checkbox"/> State Funds: Effective 7-1-09 – 6-30-10		
<b>e. Submitted by LME Staff (Name &amp; Title)</b> Gayle Mahl, Director of Business Operations	<b>f. E-Mail</b> gmahl@pathwayslme.org	<b>g. Phone No.</b> 704-842-6474

#### Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an ***LME Alternative Service Request for Use of DMHDDSAS State Funds***.

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

<p align="center"><b>Requirements for Proposed LME Alternative Service</b></p> <p align="center"><i>(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)</i></p>	
<p align="center"><b>Complete items 1 through 28, as appropriate, for all requests.</b></p>	
1	<p><b>Alternative Service Name, Service Definition and Required Components</b>  <i>(Provide attachment as necessary): Crisis Evaluation and Observation services are available 24 hours a day, seven days a week to respond to individuals experiencing a behavioral health crisis. The service includes screening and assessment, stabilization, and referral back to less restrictive environment or linking with appropriate services This is not a billable code under existing IPRS service definitions.</i></p>
2	<p><b>Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array</b></p> <ul style="list-style-type: none"> <li>• <i>Consumer access issues to current service array</i></li> <li>• <i>Consumer barrier(s) to receipt of services</i></li> <li>• <i>Consumer special services need(s) outside of current service array</i></li> <li>• <i>Configuration and costing of special services</i></li> <li>• <i>Special service delivery issues</i></li> <li>• <i>Qualified provider availability</i></li> <li>• <i>Other provider specific issues</i></li> </ul> <p>Pathways has determined that the addition of Crisis Evaluation and Observation services will improve capacity to serve and response to consumers in crisis. Frequently consumers experience a crisis that does not indicate a need for a level of inpatient admission or need for facility based crisis admission. This service will allow the provider to conduct a more thorough evaluation of the consumer's condition to rule out the need for inpatient care up to 23 hours.</p>
3	<p><b>Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition</b> As outlined above, Pathways believes that Crisis Evaluation and Observation is a needed and necessary part of the service array. It defines expectation and provides a funding mechanism for consumers whose crisis symptoms warrant careful evaluation to determine if inpatient care is most appropriate or who may improve within 23 hours.</p>
4	<p><b>Please indicate the LME's Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: <i>(Check one)</i></b></p> <p align="center"> <input checked="" type="checkbox"/> Recommends            <input type="checkbox"/> Does Not Recommend            <input type="checkbox"/> Neutral (No CFAC Opinion)       </p>
5	<p><b>Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service</b> 1460</p>
6	<p><b>Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service</b> Pathways is a single stream IPRS LME. Based on the projected number of consumers to serve, 1460, with an average stay of 20 hours we can anticipate spending \$330,252. We have sufficient county money to contribute to this service.</p>
7	<p><b>Eligible IPRS Target Population(s) for Alternative Service: <i>(Check all that apply)</i></b></p>

	<p><b><u>Assessment Only:</u></b>    <input type="checkbox"/>All   <input type="checkbox"/>CMAO   x<input type="checkbox"/>AMAO   <input type="checkbox"/>CDAO   x<input type="checkbox"/>ADAO   <input type="checkbox"/>CSAO   x<input type="checkbox"/>ASAO</p> <p><b><u>Crisis Services:</u></b>    <input type="checkbox"/>All   <input type="checkbox"/>CMCS   x<input type="checkbox"/>AMCS   <input type="checkbox"/>CDCS   x<input type="checkbox"/>ADCS   <input type="checkbox"/>CSCS   x<input type="checkbox"/>ASCS</p> <p><b><u>Child MH:</u></b>    <input type="checkbox"/>All   <input type="checkbox"/>CMSED   <input type="checkbox"/>CMMED   <input type="checkbox"/>CMDEF   <input type="checkbox"/>CMPAT   <input type="checkbox"/>CMECD</p> <p><b><u>Adult MH:</u></b>    x<input type="checkbox"/>All   <input type="checkbox"/>AMSPM   <input type="checkbox"/>AMSMI   <input type="checkbox"/>AMDEF   <input type="checkbox"/>AMPAT   <input type="checkbox"/>AMSRE</p> <p><b><u>Child DD:</u></b>    <input type="checkbox"/>CDSN</p> <p><b><u>Adult DD:</u></b>    x<input type="checkbox"/>All   <input type="checkbox"/>ADSN   <input type="checkbox"/>ADMRI</p> <p><b><u>Child SA:</u></b>    <input type="checkbox"/>All   <input type="checkbox"/>CSSAD   <input type="checkbox"/>CSMAJ   <input type="checkbox"/>CSWOM   <input type="checkbox"/>CSCJO   <input type="checkbox"/>CSDWI   <input type="checkbox"/>CSIP  <input type="checkbox"/>CSSP</p> <p><b><u>Adult SA:</u></b>    x<input type="checkbox"/>All   <input type="checkbox"/>ASCDR   <input type="checkbox"/>ASHMT   <input type="checkbox"/>ASWOM   <input type="checkbox"/>ASDSS   <input type="checkbox"/>ASCJO   <input type="checkbox"/>ASDWI  <input type="checkbox"/>ASDHH   <input type="checkbox"/>ASHOM   <input type="checkbox"/>ASTER</p> <p><b><u>Comm. Enhance.:</u></b>    <input type="checkbox"/>All   <input type="checkbox"/>CMCEP   x<input type="checkbox"/>AMCEP   <input type="checkbox"/>CDCEP   x<input type="checkbox"/>ADCEP   x<input type="checkbox"/>ASCEP   <input type="checkbox"/>CSCEP</p> <p><b><u>Non-Client:</u></b>    x<input type="checkbox"/>CDF</p>
8	<p><b>Definition of Reimbursable Unit of Service: (Check one)</b></p> <p><input type="checkbox"/> Service Event    <input type="checkbox"/> 15 Minutes    x<input type="checkbox"/> Hourly    <input type="checkbox"/> Daily    <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Other: Explain _____</p>
9	<p><b>Proposed IPRS <u>Average</u> Unit Rate for LME Alternative Service</b></p> <p>Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?</p> <p style="text-align: right;">\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <b>11.31</b></p>
10	<p><b>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service</b> (Provide attachment as necessary) <b>To determine the rate for this service, we used the maximum daily reimbursable amount for Facility Based Crisis of \$260.16 and divided it by 23 hours.</b></p>
11	<p><b>Provider Organization Requirements</b> This is a service that is offered seven days a week 365 days/year, with a staff to recipient ratio that ensures the health and safety of consumers served in the community and compliance with 10NCAC 14R. 0104 Seclusion, Restraint, and Isolation Time Out. At no time will staff to recipient ratio be less than 1:6 for adult mental health recipients and 1:9 for adult substance abuse recipients.</p>
12	<p><b>Staffing Requirements by Age/Disability</b>  (Type of required staff licensure, certification, QP, AP, or paraprofessional standard) <b>The program is directed by a physician with 24 hour nursing staff to secure a medically safe environment. Additional interventions and evaluation may be completed by staff under the direction of a physician. The treatment team should consist of staff who are experienced in the treatment of differing disability types and includes qualified professionals in the area of mental health, developmental disabilities, and substance abuse treatment.</b></p>
13	<p><b>Program and Staff Supervision Requirements</b> Regular and routine clinical and</p>

	administrative supervision for program supervisors and direct care staff provided by qualified and trained supervisors and program director. The program must be under the direction of a physician.
14	<b>Requisite Staff Training</b> All direct care staff shall have training in crisis intervention and evaluation including training de-escalation techniques and risk assessment.
15	<b>Service Type/Setting</b> <ul style="list-style-type: none"> <li>• <i>Location(s) of services: Pathways Recovery Center, Gastonia, NC Licensed as Facility Based Crisis, Non-Hospital Detox, Ambulatory Detox, and Medically Monitored SA Residential Services. Services are provided in a 24 hour licensed facility.</i></li> <li>• <i>Excluded service location(s) N/A</i></li> </ul>
16	<p><b>Program Requirements</b> This service is designed to have close observation and ongoing evaluation and stabilization of the consumer in crisis with the goal of keeping the consumer in the community. Interventions shall be designed to stabilize the crisis, engage natural and community supports, peer support, and assist the consumer with planning for further care as clinically indicated. This service is provided 24/7/365 under the direction of a physician to include the following components:</p> <ol style="list-style-type: none"> <li>1. Completion of nursing evaluations</li> <li>2. Description of presenting problem and precipitating events</li> <li>3. Psychiatric and medical history based on available information</li> <li>4. Description of the nature of the consumer's impairment and any safety or risk issues</li> <li>5. Determination of any co-occurring Substance Abuse Related Disorder</li> <li>6. Coordination of treatment and a timely disposition plan in collaboration with current treatment providers.</li> <li>7. Screening for physical, sexual, or emotional abuse</li> <li>8. Development of a comprehensive plan for treatment at next appropriate level of care</li> <li>9. With consumer's consent an attempt to involve relevant family or significant others</li> <li>10. Consultation with primary care doctor if necessary and with consumer's consent</li> <li>11. If not hospitalized arrangements will be made for implementation of services at appropriate level of care not to exceed 7 days of discharge.</li> </ol>
17	<b>Entrance Criteria</b> The consumer is eligible for this service when: <ol style="list-style-type: none"> <li>A. There is an Axis I or II diagnosis present or the person has a condition that may be defined as a developmental disability AND</li> <li>B. Level of Care Criteria, Level D, NC-SNAP. ASAM AND</li> <li>C. There is evidence of an imminent or current psychiatric emergency, but clear indication for inpatient confinement needs further evaluation OR</li> <li>D. Presence of acute and serious functional deterioration, but consumer's history suggests that the consumer is likely to respond adequately within 23 hours to medications, intensive intervention, a structured environment, or brief detoxification.</li> </ol>
18	<b>Entrance Process</b> Consumers may access this service in differing ways including but not

	limited to referrals from a current provider, primary care physician, peer support specialist, hospital emergency room, family, self, mobile crisis, or other crisis type service.
19	<b>Continued Stay Criteria</b> Length of stay in this service does not exceed 23 hours per crisis event
20	<b>Discharge Criteria</b> 1. Treatment plan goals and objectives have been substantially met and/or safe continuing care can be arranged at a lower level of care. Follow up aftercare appointment is arranged within 7 days of discharge 2. The individual no longer meets admission criteria or meets criteria for a less intensive level of care 3. Either it has been determined that inpatient care is appropriate OR 4. Consent for treatment is withdrawn and it has been determined that involuntary inpatient treatment is inappropriate 5. the individual is not making progress toward treatment goals and there is no reasonable expectation of progress at this level of care 6. The individual's physical condition necessitates transfer to a medical facility
21	<b>Evaluation of Consumer Outcomes and Perception of Care</b> <i>Since this is a very short term service, standard outcome measurement instruments such as NC TOPPS, MH/SA Consumer Satisfaction surveys would not be applicable. Pathways will develop a short consumer satisfaction survey to be completed at discharge and will use in our quality management process. Also local consumer outcome measures will be used. Examples are:</i> <ol style="list-style-type: none"> <li>1. 100% of consumers will have a quality crisis plan developed or updated</li> <li>2. When medically necessary, consumers will re-engage with provider agency or engage with a new provider agency</li> <li>3. Consumers' state hospital admissions will continue to be reduced</li> <li>4. After discharge from this service, consumers will not be re-admitted for crisis evaluation and observation services for at least 90 days</li> </ol>
22	<b>Service Documentation Requirements</b> <ul style="list-style-type: none"> <li>• <i>Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?</i>   X <input type="checkbox"/> Yes    <input type="checkbox"/> No        <i>If "No", please explain.</i> </li> <li>• <i>Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc. Minimum standard is a daily full service note per shift that documents the consumers name, Medicaid number, date of service, purpose of contact, describes the providers interventions, the time spent performing the intervention, the effectiveness of the intervention, and the signature and credentials of staff providing the service. A documented discharge plan will be discussed with the consumer and included in the record.</i> </li> </ul>
23	<b>Service Exclusions</b> <ul style="list-style-type: none"> <li>• <i>Identify other service(s) that are limited or cannot be provided on the same day or during the same authorization period as proposed Alternative Service</i>  <b><i>Crisis Evaluation and Observation cannot be billed at the same time as mobile crisis,</i></b> </li> </ul>

	<i>facility based crisis, non-hospital detoxification, inpatient services, or evaluation services.</i>
24	<p><b>Service Limitations</b></p> <ul style="list-style-type: none"> <li>• <i>Specify maximum number of service units that may be reimbursed within an established timeframe (day, week, month, quarter, year)</i>  <i>Maximum of 23 hours per crisis event</i></li> </ul>
25	<p><b>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</b></p> <ul style="list-style-type: none"> <li>• <i>Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service</i>  <i>Crisis services consisting of observation and evaluation for up to 23 hours are well established practices across the nation. They are generally accepted as effective for intensive evaluation and management of crisis as a hospital diversion</i></li> </ul>
26	<p><b>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</b></p> <p>Pathways will monitor the following information:</p> <ol style="list-style-type: none"> <li>1.Reduction of state hospital admissions</li> <li>2. Recidivism rates for crisis evaluation and observation will be reduced</li> <li>3. Consumers triaged as emergent receive crisis evaluation and observation services within 2 hours or less after screening , triage, and referral</li> <li>4. Contact is made with all current provider agencies</li> </ol>
27	<b>LME Additional Explanatory Detail (as needed) N/A</b>